



NOTRE DAME
OF MARYLAND
UNIVERSITY

Sent via EMAIL

September 24, 2021

James D. Fielder, Jr., Ph.D.
Secretary of Higher Education
Maryland Higher Education Commission
6 N. Liberty Street, 10th Fl.
Baltimore, MD 21201

RE: NDMU Response to UMB Objections – MSN: AG-PCNP Program

Dear Secretary Fielder:

Thank you for the opportunity to respond to the objection letter submitted by the University of Maryland Baltimore (“UMB”) regarding Notre Dame of Maryland University’s (“NDMU”) submission of a proposal to offer a Master of Science in Nursing (“MSN”): Adult-Gerontology Primary Care Nurse Practitioner (“AG-PCNP”) program. NDMU received notification of UMB’s objection from the Maryland Higher Education Commission (“MHEC”) on September 13, 2021.

While respectful of the concerns raised by UMB, NDMU does not believe our proposed MSN/AG-PCNP program constitutes a) “inconsistency of the proposed program with the institution’s approved mission” pursuant to §11-206.1(e)(1) of the Education Article of the Annotated Code of Maryland and COMAR 13B.02.03.27B(3)(a) or b) “unreasonable program duplication which would cause demonstrable harm to another institution.” pursuant to §11-206.1(e)(3) of the Education Article of the Annotated Code of Maryland and COMAR 13B.02.03.27B(3)(c). As outlined in the following narrative and quantitative information, our program will help fulfill a critical need for additional AG-PCNPs, offer students an in-state option to attend a faith-based University, and meet the growing healthcare needs of Marylanders.

Inconsistency of the Proposed Program with the Institution's Approved Mission

NDMU’s mission statement is as follows:

Notre Dame of Maryland University educates leaders to transform the world.

Embracing the vision of the founders, the School Sisters of Notre Dame, the University promotes the advancement of women and provides a liberal arts education in the Catholic tradition.

Notre Dame challenges women and men to:

- *strive for intellectual and professional excellence,*
- *build inclusive communities,*
- *engage in service to others, and*
- *promote social responsibility.*

As referenced in UMB's objection, more than 15 years ago, the American Association of Colleges of Nursing's ("AACN") voiced a vision through a publication, "*Position Statement on the Practice Doctorate*"¹ for nursing schools to phase out master's level preparation for advanced practice registered nurses, which encompasses nurse practitioners. The organization called for a transition to doctoral preparation as the entry point for nurse practitioners. Similarly, in 1996, AACN called for the Bachelor of Science in Nursing ("BSN") to serve as the minimum educational requirement for professional nursing practice.² In both cases, the vision has not become the reality. The MSN remains the predominant exit degree for nurse practitioners.³ According to Auerbach, despite many programs converting their MSN-NP programs to the doctorate level, the MSN stop-out would remain the majority type of program for nurse practitioner education. According to AACN's 2020-2021 latest "Enrollment and Graduations" report, there were 406 Master's-level NP programs and 258 Doctor of Nursing Practice ("DNP")-level NP programs.

Presently, no accreditation body has developed a position statement to transition MSN preparation to the DNP level.⁴ This includes NDMU's accreditor, the Commission on Collegiate Nursing Education ("CCNE"), the U.S. Department of Education officially recognized autonomous accrediting arm of AACN. AACN is not an accrediting body. Additionally, while the National Organization of Nurse Practitioner Faculties ("NONPF") is a highly regarded organization that works on behalf of members to review, analyze and influence policy decisions that impact nurse practitioner education and practice, NONPF is neither a licensing or regulatory body. NONPF, like AACN, can recommend, but not mandate specific accreditation standards or elements. This responsibility is relegated to CCNE.

UMB mentions that the curriculum does not include the 500 hours recently added to the MSN advanced practice role that includes all nurse practitioners. In a recent (9.16.2021) webinar presentation, *The Re-envisioned Essentials Infusing Innovation in Academic Nursing*, the AACN Implementation Director of the AACN Essentials advised schools not to fast track the implementation of the revised newly approved document, *The Essentials: Core Competencies for*

¹ AACN. American Association of Colleges of Nursing: Washington, DC:2004. AACN position statement on the practice doctorate in nursing. <https://www.aacnnursing.org/DNP/Position-Statement>

² AACN (2021). The Baccalaureate Degree in Nursing as Minimal Preparation for Professional Practice <https://www.aacnnursing.org/news-information/position-statements-white-papers/bacc-degree-prep>

³ Auerbach D.I. et al. The DNP by 2015: A study of institutional, political, and professional issues that facilitate or impede establishing a post-baccalaureate doctor of nursing practice program. *Rand Health Quarterly*. 2015; 15(1). PMID: 28083356

⁴ McCauley, L., et al. (2020). Doctor of nursing practice (DNP) degree in the United States: Reflecting, readjusting, and getting back on track. *Nursing Outlook*, 68(4), 494-503. <https://doi.org/10.1016/j.outlook.2020.03.008>

Professional Nursing Education.⁵ The speaker, representing AACN, predicted that it may take up to three or more years to fully implement curricular changes if a School has multiple nursing programs. NDMU will have at least five years during the next cycle for re-accreditation to comply with students' attaining an additional 500 hours while enrolled in the MSN: AG-PCNP program.

NDMU School of Nursing faculty members engaged in extensive conversations about the existing MSN program growth. These conversations examined advantages and disadvantages about offering an MSN: AG-PCNP program or a Nurse Practitioner-focused Doctor of Nursing Practice program. Nursing faculty examined the existing literature, spoke with national deans or directors of nurse practitioner programs, and reviewed national and state data. For example, the Association of American Medical Colleges predicts a primary care physician shortage at least up until 2032.⁶ Rosenberg (2019) notes that the number of new physicians choosing primary care careers remains insufficient to replace those retiring.⁷ Furthermore, faculty noted that U.S. population aged 65 and over is projected to grow by 45.1% by 2033. Therefore, demand for health care providers that predominantly care for older Americans will continue to increase.⁸

As the U.S. population rapidly ages, access to appropriate care for the elderly is imperative to maintaining the health and quality of life for this large segment of the nation's population. Based on prior scientific research, HRSA modeled the future need for geriatricians. HRSA's April 2017 report, *National and Regional Projections of Supply and Demand for Geriatricians 2013-2025*, projected that all regions of the U.S. would have a shortage of geriatricians.⁹ The national shortage of primary care physicians is mirrored in Maryland as well. The Robert Graham Center in Washington, DC predicts that Maryland will need an additional 1,052 primary care physicians by 2030, a 23% increase compared to the state's current (as of 2010) 4,481 primary care physician workforce.¹⁰

The pandemic has underscored health inequities, particularly for people of color. As a faith-based institution, NDMU's mission on building inclusive communities, engaging in service to others, and promoting social responsibility becomes a solid bedrock for MSN: AG-

⁵ AACN (2021). *AACN essentials*. <https://www.aacnnursing.org/AACN-Essentials>

⁶ AAMC (2019). *New findings confirm predictions on physician shortage*. <https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>

⁷ Rosenberg (2019). Nurse practitioners play an increasing role in primary care. *AJMC*. <https://www.ajmc.com/view/nurse-practitioners-play-an-increasing-role-in-primary-care>

⁸ Association of American Medical Colleges. (2020). New report confirms growing shortage of primary care physicians. *Primary Care Collaborative*. <https://www.pccpc.org/2020/07/10/new-report-confirms-growing-shortage-primary-care-physicians>

⁹ U.S. Department of Health and Human Services Health Resources and Services Administration. (2017). *National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025*. Bureau of Health Workforce National Center for Health Workforce Analysis. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/geriatrics-report-51817.pdf>

¹⁰ Robert Graham Center (n.d.) Maryland: Projecting Primary Care Physician Workforce. <https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Maryland.pdf>

PCNP graduates to address health disparities competently and compassionately. MSN educated nurse practitioners are well-positioned to fill these pronounced shortages.

The moral obligation to address health inequities for the most vulnerable in Maryland and the discernable need for primary care providers supersedes waiting until all curricular changes were implemented. As AACN develops resources to address *The New Essentials*¹¹, nursing faculty can deliberate how to allocate the required 500 hours across five NDMU master's level core courses. These future nurse-practitioners will be prepared to meet health care needs for the diverse Baltimore and surrounding counties population based on a sound foundation of ethics and intellectual excellence that is characteristic of NDMU graduate programs.

Lastly, according to COMAR 10.27.07.06, applicants for certification must be a graduate from a Board-approved, nationally accredited education program, which provides advanced practice instruction at the Masters' or higher level. The Maryland Board of Nursing has not taken an official regulatory position regarding nurse practitioners' entry into practice at the doctoral level. In Maryland, Coppin State University, Bowie State University and Frostburg State University (approved in 2017 by MHEC) operate MSN: FNP programs, with NDMU recently approved by MHEC in 2021 to offer the MSN: FNP program.

Unreasonable program duplication which would cause demonstrable harm to another institution

Curriculum

NDMU does not dispute that NDMU and UMB's programs are similar on several programmatic levels. However, many of the factors of consideration for duplication such as program objectives and population-focused curriculum are published in the NONPF document, *Nurse Practitioner Core Competencies Content*.¹² Additionally, since nurse practitioner graduates take a certification examination, course titles, descriptions, course outcomes, and evaluation methods are unmistakably comparable. Equivalent professional programs in the health sciences, including Physician Associate (formerly known as Assistant), Occupational Therapy, and Physical Therapy are explicitly similar across academic institutions given the educational standards and outcomes required for professional licensure and/or accreditation.

While it is true that curricula requirements are nearly identical due to accreditation requirements, our uniqueness stems from the fact that NDMU students are being educated in a mission and faith-based tradition. All nursing programs are grounded in the Catholic liberal arts tradition and guided by the philosophy and theoretical perspectives of Caring Science scholars such as Jean Watson, Anne Boykin, Marilyn Ray, and Madeline Leininger. This commitment to Caring Science sets the School of Nursing apart from other schools of nursing in Maryland.

¹¹AACN (2021). *AACN essentials*. <https://www.aacnnursing.org/AACN-Essentials>

¹² NONPF (2017). *Nurse practitioner core competencies content*. <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/2014npcorecompscontentfinaln.pdf>

Students come from a wide spectrum of faiths and cultures. In addition to having the ability to engage in Catholic or other faith-based practices and acquiring a broad faith-based lens as they study curricular concepts, some students may want to work in faith-based agencies or provide health care services to faith-based communities, whereby, a degree from a faith-based institution may be desirable. Currently, in the State, students do not have the diversity of choice to attend a nurse practitioner program offered by a faith-based institution. These students would be compelled to attend an out-of-state nurse practitioner program for such an option.

Market for Program

NDMU is not able to comment on UMB's specific enrollment in its doctoral AG-PCNP program. However, as stated in NDMU's program proposal and in the previous section, national data indicates a need for additional primary care programs, particularly focused in geriatrics, to meet student and workforce needs to provide care to an aging population. Additionally, NDMU's primary pipeline of students will hail from the NDMU School of Nursing's growing 15-month accelerated second-degree Bachelor of Science (BSN) program, in addition to its traditional BSN and RN to BSN graduates. A master's level nurse practitioner program for these students is a very attractive option in terms of time and affordability, keeping open the possibility of completing the scholarship and leadership aspects of doctoral studies at a later time. A master's level nurse practitioner program at 44 credits will have a substantially different market than doctoral programs at approximately 80 credits.

Job Market

NDMU's proposed MSN: AG-PCNP program is a timely example of reasonable program duplication to meet a compelling State, regional, and national workforce need.

As referenced in NDMU's program proposal, according to Bureau of Labor Statistics (BLS) and Maryland Department of Labor (MDOL) data cross referenced against AACN and MHEC graduate data, there is a substantial projected shortfall of nurse practitioners nationally and in Maryland. BLS and MDOL have both indicated that nurse practitioners are one of the fastest growing fields. UMB does not dispute this fact but references that there are several different specializations of NPs. While national and State data does not specifically break out different nursing specializations – As previously referenced, HRSA and other national data has indicated a shortage of primary care practitioners, specifically geriatricians.

To recap the State-level data, according to MHEC's Academic Program Inventory and *Trends in Degrees and Certificates by Program Report* (2019), Maryland currently has six colleges or universities approved to offer nurse practitioner programs. In 2019, degree production is estimated at 157 degrees annually (3-YR rolling average of graduates). Compared to MDOL data, this leads to the conclusion of an average annual shortfall of 226 graduates.¹³ There are

¹³ [1] The BLS/AACN & MDOL/MHEC data presented is for all specializations of nurse practitioner. There are several different specializations of nurse practitioners, AG-PCNP being one of them, that are not able to be disaggregated by the available data. Assumes ½ of BSU's & FSU's MSN graduates are enrolled in NP.

currently only two programs in the State that offer AG-PCNP programs – Johns Hopkins University and UMB.

Total 10 Year Openings:	3,832
Average Annual Openings:	383
Current State Degree Production (3-Yr Avg):	157
BSU (FNP) - MS*	17
CSU (FNP) - MS & DNP PM	15
FSU (FNP) - MS*	5
JHU (AGNP & FNP) - DNP	26
SU (FNP) - DNP	5
UMB (AGNP & FNP) - DNP	90
Annual Shortfall:	226

NDMU's proposed MSN/AG-PCNP program would serve to address an enlarging shortfall of primary care practitioners, particularly geriatricians, in Maryland and regionally.

NDMU, respectfully, does not believe the availability of faculty and field-work sites (i.e., preceptors and/or clinical sites) are appropriate factors to be considered and analyzed in determining if unreasonable duplication exists, as set forth in COMAR 13B.02.03.09(C) – Determination of Duplication. However, as UMB references each item as a basis of objection, NDMU supplies the following responses for the Secretary's consideration.

Faculty Shortage

UMB references a shortage of nurse practitioner faculty as a basis of objection but provides no supporting data and information to support their assertion as required under COMAR 13B.02.03.27(B)(5). While there are many reasons a real or perceived shortage of faculty may exist, the only solution is to increase the supply of prepared nurse practitioners to meet both the demands of professional practice and nurse practitioner preparation/education. As long as Maryland continues to under-produce nurse practitioners, having a professionally educated pool of faculty and preceptors to guide students will remain a challenge. The addition of NDMU's program will be a positive step toward increasing the prospective pool of faculty in Maryland in future years, which will benefit all of the NP programs in the State. Additionally, NDMU offers a Post-Master's Certificate in Nursing Education. Nurse practitioners who have a desire to teach in the MSN: AG-PCNP program will have an opportunity to take education-focused courses. Nurse practitioner graduates can serve as a pipeline for adjunct, part-time, and full-time faculty members. If the program is approved, NDMU will hire a full-time Program Director at the expected population- focus specialty.

Clinical Sites

UMB references a shortage of field-work sites and preceptors as a basis of objection but provides no supporting data and information to support their assertion as required under COMAR 13B.02.03.27(B)(5).

Field work sites and preceptors are a challenge for every college and university that offers programs that require clinical, practicums, internships, or other required experiential learning components. This issue is not unique to the nurse practitioner field. While UMB may perceive NDMU entering the market as an additional challenge to identifying field work sites, NDMU sees an opportunity for partnership and collaboration. In order to increase the number of potential clinical practice sites and preceptors, Maryland must produce more nurse practitioners to in turn serve as potential population-focused preceptors. Colleges and universities must also work collectively with healthcare facilities and providers to create and maintain experiential clinical experiences comparable to those in other healthcare fields.

Throughout our over 40-year history in health care education, NDMU has never paid for clinical sites or preceptors and has no intention of doing so. NDMU, through its Schools of Nursing and Pharmacy and through its new Occupational Therapy program, has extensive relationships and experience in seeking, arranging, and placing its students into a variety of healthcare related field-work sites. For example, NDMU's Schools of Pharmacy and Nursing have numerous partnerships with community-based healthcare facilities in the region. NDMU's Doctorate in Occupational Therapy program, recently approved in 2018 and provisional accredited, has secured over 60 commitments from healthcare organizations across the State to serve as fieldwork placement site partners.

As a result of NDMU's extensive healthcare partnerships throughout the region, NDMU faculty and administrators have experienced great success in securing clinical practice placements for our students. In addition to utilizing our existing partnerships, there are a broad range of sites that are available throughout the State for NP clinical rotations. Examples include private physician practice/groups, hospital affiliated primary care practitioners, HMOs (e.g. Kaiser Permanente), federally designated community health centers, urgent care centers, college and university health services offices, and outpatient-focused clinics.

As UMB referenced, "UMSON and other existing programs in the state, face substantial competition from distance education offered by online schools that routinely do not provide clinical site placement assistance to their students who aggressively seek and compete for clinical placements in the community." When Maryland joined the State Authorization Reciprocity Agreement (SARA) in 2015, MHEC removed certain existing regulatory burdens for out-of-state institutions. Most pertinent to this case, placing students in practicum sites in Maryland no longer triggers "physical presence" requiring an out-of-state certificate of approval from MHEC as long as no more than ten students in a single program were placed simultaneously at one site in the State in a supervised internship, practicum, or field experience. (See COMAR 13B.02.01.03.B(12)).

In this increasingly competitive environment with an array of in-state and out-of-state institutions serving Maryland residents, it is not in the State's best interest to make it easier for out-of-state institutions to offer field placements in the State, while at the same time restricting the capacity of in-state institutions to develop new programs to meet critical areas of workforce demand, particularly on the basis of insufficient field placements. If Maryland's in-state institutions are denied the opportunity to offer new programs such as the MSN/AG-PCNP, out-of-state institutions will further penetrate Maryland to meet this demand.

Lastly, MHEC recently approved NDMU's proposed MSN: Family Nurse Practitioner program in 2021. NDMU is already in the process of reaching out to our various healthcare partners to arrange for sites. NDMU's MSN: AG-PCNP would be able to take advantage of those efforts and would be complementary.

Conclusion

In summary, Notre Dame of Maryland University maintains that launching a new MSN: AG-PCNP program will have a positive impact on the State and the region by graduating gerontology focused primary care nurse practitioners to care for the residents of Maryland and beyond. There is no evidence that NDMU's proposed MSN: AG-PCNP program is out of alignment with its mission or accreditation standards or would cause any demonstrable harm to UMB. On the contrary, state-level and national market demand data suggest the need for additional nurse practitioners in the nursing discipline and healthcare workforce. NDMU is proud of our contributions to the education of Maryland's healthcare workforce, and we look forward to building on our partnerships with colleagues across the higher education and healthcare sectors. We respectfully request the Secretary's recommendation to move forward with our proposed MSN: AG-PCNP program.

If you have any questions about our MSN: AG-PCNP program proposal or this response, please feel free to follow up with me at (410) 532-5321 or via email at sslear@ndm.edu. We appreciate your consideration of this matter.

Sincerely,



Sr. Sharon Slear, Ph.D.
Provost & Vice President of Academic Affairs

cc: Greg FitzGerald, Chief of Staff, NDMU
Suzan Harkness, Associate Vice President of Academic Affairs, NDMU
Sara Fidler, President, MICUA
Angela Sherman, MICUA
Emily Dow, Assistant Secretary of Academic Affairs, MHEC
Trish Gordon-McCown, Director of Academic Affairs, MHEC
Karen King-Sheridan, Associate Director of Collegiate Affairs, MHEC